

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

196344 (FORM 1)  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2008-439-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Brian Badenock  
Address: 122 Tabby Creek Cir  
Summerville, SC  
29483

Telephone: 843 478 5959  
Fax:  
Other: 843 851 9120  
Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |
- RECEIVED  
PSC SC  
DOCKETING DEPT
- RECEIVED  
PSC SC  
DOCKETING DEPT

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE NOV 3rd, 20 08**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Brian Badenock DBABRIANNA'S AIRPORT SHUTTLE

2. (a) Street Address of Applicant 122 Tabby Creek Cir.

Summerville, SC 29483

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number 843 478 5959

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

RECEIVED

NOV 21 2008

PSC SC  
DOCKETING DEPT.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: 11 Year: 08

Assets:	
Cash	<u>1000</u>
Receivables	<u>200</u>
Real Estate	<u>220000</u>
Buildings and Equipment-Net	
Motor Vehicles-Net	<u>12000</u>
Garage Equipment-Net	
Machinery and Tools-Net	<u>500</u>
Supplies on Hand	
Prepays and Other Assets	<u>6000</u>
Total Assets	<u>239700</u>

Liabilities and Equity:	
Accounts Payable	
Notes Payable	<u>6000</u>
Mortgages Payable	<u>180000</u>
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	<u>1300</u>
Other Liabilities	<u>4000</u>
Total Liabilities	<u>191300</u>
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Brian Badenock, OWNER  
(Name of Applicant's Representative) (Title)

of BWBad, the Applicant for the Certificate of Public  
(Applicant) SCCDL# 003335466 /12-2008

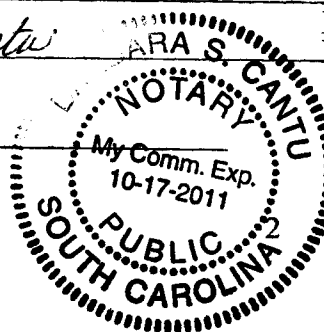
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

At NATIONAL BANK OF S.C.

This the 21<sup>th</sup> day of NOV 20 08

Barbara S. Cantu  
(Notary Public)



BWBad  
(Signature of Applicant's Representative)

Commission Expires: \_\_\_\_\_

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Brian Badenock DBA BRIANNAS AIRPORT SHUTTLE

For the transportation of passengers as follows:

Area to be served: Charleston Metro Area  
~~Charleston?~~ Berkeley Charleston Dorchester county.Number of passengers: 14Fares: Maximum \$250 per hour

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Date 11.3.8 BNB  
ByOWNER  
Title

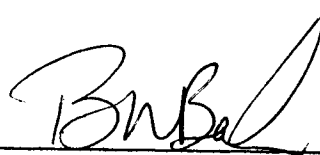
## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

## DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
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2001	FORD E-350	1FBSS31L91HB74542	5900	14
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\* Seats if passenger carrier.



(Applicant)

Date: 11.3.8

(Applicant's Representative)

(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Brian Badenock DBA Brianna's Airport Shuttle  
(Name of Motor Carrier)122 Tabby Creek Cir. Summerville, SC 29483  
(Address of Motor Carrier)**Amount of Premium:**Liability Insurance 727<sup>00</sup> for remainder of this termThe above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

National Casualty  
(Insurance Company Name)One Nationwide Plaza Columbus, OH 43215  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/30/08  
Date  
(Authorized Insurance Company Representative)

Rev 5/07

**EXHIBIT FWA**

Name: Brian Badenock

Address: 122 Tabby Creek Cir, Summerville, SC 29483

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No ☒ Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?


Yes \_\_\_\_\_ No ☒  
(If "yes", indicate nature of judgment(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No ☐

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

  
(Applicant's Signature) SC CPL# 003335460  
12-2008

Sworn to before me

At National Bank of S.C.

This 21<sup>st</sup> day of Nov. 2008

Barbara S. Cantu  
(Notary Public)

Commission Expires: \_\_\_\_\_

